



ENVIRONMENTAL RESOURCES MANAGEMENT

33 S.W. 2nd Avenue  
MIAMI, FLORIDA 33130-1540  
(305) 372- 6600

**APPLICATION FOR PERMIT TO OPERATE**  
**POLLUTION CONTROL FACILITIES**

Applicant's Name and Title: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Telephone No. : \_\_\_\_\_

Please attach a check in the amount of \$\_\_\_\_\_ made payable to "Miami-Dade County". This fee amount is based on the fee schedule approved by the Board of County Commissioners.

The undersigned owner or authorized representative of \_\_\_\_\_ is fully aware that the statements made in this application for an operation permit are true, correct, and complete to the best of his knowledge and belief. Further, the undersigned agrees to maintain and operate the pollution source and pollution control facilities in such a manner as to comply with the provisions of Chapter 24, Code of Miami-Dade County, and all the rules and regulations of the department. The undersigned person also understands that a permit, if granted by the department will be non-transferable and will be non-transferable and he promptly notify the department upon sale, change of location, or legal transfer of the permitted facility.

**\*ATTACH LETTER OF AUTHORIZATION\***

\_\_\_\_\_  
Signature, Owner or Authorized Representative  
( Notarization is mandatory )

\_\_\_\_\_  
Typed Name and Title

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_ .

Personally known \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
(Please check one) (Type of Identification Produced)

\_\_\_\_\_  
Notary Public



**FOR OFFICE USE ONLY**

**ENVIRONMENTAL RESOURCES MANAGEMENT  
INDUSTRIAL FACILITIES SECTION**

CK# \_\_\_\_\_ AMT \_\_\_\_\_ DATE \_\_\_\_\_  
PSC \_\_\_\_\_ FOC \_\_\_\_\_ SIC \_\_\_\_\_  
WELLFIELD CODE \_\_\_\_\_  
IW5- \_\_\_\_\_ FILE# \_\_\_\_\_  
PLAN REVIEW COMMENTS \_\_\_\_\_

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PERMIT CODE \_\_\_\_\_  
REVIEWER \_\_\_\_\_

**APPLICATION FOR IW5 PERMIT, TO OPERATE INDUSTRIAL AND  
COMMERCIAL POTENTIAL SOURCES OF POLLUTION**

1. DATE \_\_\_\_\_
2. NAME OF COMPANY: \_\_\_\_\_
3. BUSINESS ADDRESS/LOCATION: \_\_\_\_\_  
CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ 4. BAY/ SUITE # : \_\_\_\_\_
5. PROPERTY FOLIO NO: \_\_\_\_\_ (For Folio Information contact the Property Appraiser Dept. at (305)375-4070)
6. TYPE OF BUSINESS: \_\_\_\_\_ 7. TEL NO.: \_\_\_\_\_
8. OWNER / AUTHORIZED PERSON: \_\_\_\_\_ 9. TITLE: \_\_\_\_\_
10. MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
11. NIGHT EMERGENCY TEL. NO.: \_\_\_\_\_
12. MIAMI-DADE COUNTY CERTIFICATE OF OCCUPANCY NO.: \_\_\_\_\_
13. MUNICIPAL OCCUPATIONAL LICENSE NO. \_\_\_\_\_
14. OTHER DERM PERMIT(S) NO.(S): \_\_\_\_\_
15. HOURS OF OPERATION: \_\_\_\_\_
16. WATER SUPPLY: PUBLIC WATER YES ☐ NO ☐ . ARE THERE ANY PRIVATE WELLS YES ☐ NO ☐
17. WATER VOLUME USED \_\_\_\_\_ GPD (gallons per day)
18. IS FACILITY SERVED BY SANITARY SEWERS OR SEPTIC TANK ? \_\_\_\_\_

**COPY OF MOST RECENT WATER BILL MUST BE PROVIDED**

**19. NEW(UNUSED) MATERIALS STORAGE**

(check one or more)	QUANTITY STORED	STORAGE METHOD
Antifreeze/ Coolant		
Chlorine		
Diesel Fuel		
Dry Cleaning Liquids		
Film Processing Chemicals		
Gasoline		
Inks		
Oils		
Pesticides		
Solvents		
Transmission Fluid		
OTHER (Specify)		

## 20. WASTE HAULER INFORMATION

TYPE OF WASTE	STORAGE, TREATMENT, CONTAINMENT, OR DISPOSAL DEVICE	DIMENSIONS AND DESCRIPTIVE DATA	**NAME/ADDRESS WASTE HAULER	FREQUENCY
OIL				
OIL FILTERS				
COOLANT/ ANTIFREEZE				
BATTERIES				
PARTS WASHER(S)				
SOLVENTS/ PAINTS				
RAGS				
DRY CLEANING LIQUID/ FILTERS				
CARBURETOR CLEANER				
FILM PROCESSOR WASTE				
SILVER RECOVERY CARTRIDGE/ CANISTER				
BIO-HAZARDOUS				
OTHERS (Specify)				

**\*\*LISTS OF PERMITTED WASTE HAULERS ARE AVAILABLE UPON REQUEST. PLEASE PROVIDE COMPLETE AND ACCURATE INFORMATION.**

**21. PLEASE ATTACH ON A SEPARATE SHEET A SITE/FLOOR PLAN OF THE FACILITY INDICATING THE LOCATION OF FLOOR DRAINS, SINKS, DOORWAYS, MATERIAL STORAGE, WASTE GENERATION AND DISPOSAL AREAS.**

22. \_\_\_\_\_  
Owner or Authorized Official (Please Print)

23. \_\_\_\_\_  
Title

24. \_\_\_\_\_  
Date

25. \_\_\_\_\_  
Signature

**NOTE: THE INFORMATION REQUESTED MUST BE FILLED IN COMPLETELY AND ACCURATELY IN ORDER FOR THE PERMIT APPLICATION TO BE PROCESSED.**